



State of New Jersey
LITIGANT QUESTIONNAIRE
Foreclosure Mediation

DIRECTIONS: This form is to be completed by the litigant at the conclusion of mediation.

Date of Mediation

Name of Mediator

County

Case Docket Number

F -

Did you participate in mediation as or on behalf of the plaintiff or defendant?

☐ Plaintiff

☐ Defendant

Did you have full authority to enter into a settlement in the mediation of the case?

☐ Yes

☐ No

Do you think the mediator in this case:

Gave you full opportunity to convey your interests?

☐ Yes

☐ No

Understood the issues in this case?

☐ Yes

☐ No

Was impartial?

☐ Yes

☐ No

Did you feel pressured to reach an agreement in mediation?

☐ no

☐ yes, by the mediator

☐ yes, by the other side

☐ yes, by time or money constraints

What impact did mediation have on this case?

☐ settled the case

☐ moved the case significantly toward settlement

☐ clarified positions

☐ settled some of the issues

☐ added unnecessary steps

☐ increased tension

☐ other

Do you think mediation in this case saved you money?

☐ Yes

☐ No

Do you think mediation in this case saved time?

☐ Yes

☐ No

Would you recommend mediation to a friend?

☐ Yes

☐ No

Please use this space to add any other comments about your experience in mediation.

PLEASE RETURN TO:

Civil Practice Division
Box 981
Trenton, NJ 08625
FAX: (609) 777-0844